

County: Winnebago
 EVERGREEN HEALTH CENTER
 PO BOX 1720

Facility ID: 3130

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OSHKOSH 54902 Phone: (920) 233-2340
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/00): 108
 Total Licensed Bed Capacity (12/31/00): 108
 Number of Residents on 12/31/00: 105

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF?
 Title 18 (Medicare) Certified?
 Average Daily Census:

Non-Profit Church Related
 Skilled
 Yes
 Yes
 106

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	31.4
Supp. Home Care-Personal Care	No					1 - 4 Years	54.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	14.3
Day Services	No	Mental Illness (Org./Psy)	29.5	65 - 74	2.9		
Respite Care	Yes	Mental Illness (Other)	3.8	75 - 84	32.4		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.6	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.0			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.8		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	13.3	65 & Over	100.0		
Transportation	No	Cerebrovascular	13.3			RNs	10.5
Referral Service	No	Diabetes	3.8	Sex	%	LPNs	5.3
Other Services	No	Respiratory	6.7			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	23.8	Male	17.1	Aides & Orderlies	
Mentally Ill	No			Female	82.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	2	100.0	\$256.88	34	91.9	\$103.41	0	0.0	\$0.00	66	100.0	\$147.17	0	0.0	\$0.00	102	97.1%
Intermediate	---	---	---	3	8.1	\$85.85	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	2.9%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	2	100.0		37	100.0		0	0.0		66	100.0		0	0.0		105	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	1.2	Bathing	0.0	64.8	35.2	105
Private Home/With Home Health	6.2	Dressing	10.5	68.6	21.0	105
Other Nursing Homes	7.4	Transferring	24.8	61.0	14.3	105
Acute Care Hospitals	29.6	Toilet Use	17.1	60.0	22.9	105
Psych. Hosp. -MR/DD Facilities	0.0	Eating	66.7	19.0	14.3	105
Rehabilitation Hospitals	0.0	*****				
Other Locations	55.6	Continence		%	Special Treatments	%
Total Number of Admissions	81	Indwelling Or External Catheter	4.8		Receiving Respiratory Care	5.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	30.5		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bowel	23.8		Receiving Suctioning	0.0
Private Home/With Home Health	15.9	Mobility			Receiving Ostomy Care	0.0
Other Nursing Homes	2.4	Physically Restrained	3.8		Receiving Tube Feeding	1.9
Acute Care Hospitals	4.9	Skin Care			Receiving Mechanically Altered Diets	18.1
Psych. Hosp. -MR/DD Facilities	0.0	With Pressure Sores	0.0		Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Rashes	11.4		Have Advance Directives	100.0
Other Locations	24.4				Medications	
Deaths	52.4				Receiving Psychoactive Drugs	50.5
Total Number of Discharges (Including Deaths)	82				*****	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	100-199	Peer Group	Skilled	Peer Group	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	87.8	1.12	83.6	1.17	84.1	1.17	84.5	1.16
Current Residents from In-County	68.6	82.6	0.83	86.1	0.80	83.5	0.82	77.5	0.88
Admissions from In-County, Still Residing	28.4	25.9	1.10	22.5	1.26	22.9	1.24	21.5	1.32
Admissions/Average Daily Census	76.4	116.8	0.65	144.6	0.53	134.3	0.57	124.3	0.61
Discharges/Average Daily Census	77.4	117.3	0.66	146.1	0.53	135.6	0.57	126.1	0.61
Discharges To Private Residence/Average Daily Census	12.3	43.9	0.28	56.1	0.22	53.6	0.23	49.9	0.25
Residents Receiving Skilled Care	97.1	91.3	1.06	91.5	1.06	90.1	1.08	83.3	1.17
Residents Aged 65 and Older	100	97.1	1.03	92.9	1.08	92.7	1.08	87.7	1.14
Title 19 (Medicaid) Funded Residents	35.2	56.2	0.63	63.9	0.55	63.5	0.55	69.0	0.51
Private Pay Funded Residents	62.9	37.5	1.67	24.5	2.57	27.0	2.33	22.6	2.78
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.3	0.00	7.6	0.00
Mentally Ill Residents	33.3	36.3	0.92	36.0	0.93	37.3	0.89	33.3	1.00
General Medical Service Residents	23.8	21.1	1.13	21.1	1.13	19.2	1.24	18.4	1.29
Impaired ADL (Mean)	49.0	50.8	0.96	50.5	0.97	49.7	0.99	49.4	0.99
Psychological Problems	50.5	50.0	1.01	49.4	1.02	50.7	1.00	50.1	1.01
Nursing Care Required (Mean)	4.6	6.8	0.68	6.2	0.75	6.4	0.72	7.2	0.65